

This form must be completed by a Vocational Rehabilitation Counselor who has received a referral from the state fund.



## 2nd 52 WEEK PERIOD

### BOARD & ROOM COST ENCUMBRANCE

\*\*\*\* Counselor is responsible for sending  
a copy of this form to each vendor \*\*\*\*

**Original****Modification**

Claimant:				Date	Claim Number
Billing Category and Code	Vendor Name	Vendor Name	Vendor Name	Vendor Name	Total L&I Funds
	Provider No.	Provider No.	Provider No.	Provider No.	
Board - R0360 (Food & Utilities)					
Rent - R0370 (Room & Furniture)					
Relocation - 0375R (1 time/life of claim)					
Vendor Funds Allocated					
Dates of Service	From: To:	From: To:	From: To:	From: To:	

**NOTICE:**

- 1) Please attach an approved copy of this form to the Statement for Retraining and Job Modification Services form (pink) when submitting bill(s).
- 2) Per Diem for Rent - RO370 is calculated for the County in which the training site is located.
- 3) When billing includes refundable cleaning fees and/or start-up fees, the vendor(s) is/are reminded that any/all of the refund is to be returned to the Department of Labor and Industries.

Please include a copy of this form with your refund.

Refund Mailing address only:     ATTN: Cashiers Office  
   Department of Labor and Industries  
   PO Box 44835  
   Olympia WA 98504-4835

Company	Phone No.	FAX No.
Assigned Vocational Counselor	Date	Signature

**For Dept. Use Only**

Vocational Services Consultant <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Date	Phone No.	Signature
Supervisor of Industrial Insurance <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date	Phone No.	Signature